

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

SPECIAL-CALLED MEETING

July 21, 2020
8:30 A.M.
(All participants present via Zoom)

APPEARANCES

Beth Ennis
CHAIR

Renea Sageser
Linda Derossett
Dale Lynn
Emily Sacca
Kresta Wilson
TAC MEMBERS

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APPEARANCES
(Continued)

Stephanie Bates
Angie Parker
Lee Guice
Sharley Hughes
MEDICAID SERVICES

AGENDA

Review and approval of May minutes

OLD BUSINESS

1. Question regarding ARCs and use of PT instead of opioids - Can PT visits be billed since daily rate does not include PT? Stephanie said yes. Question regarding whether ARC can bill this on top of daily rate (with PT as contract) or whether PT has to bill it separately? Abstract on pilot study submitted with agenda for Cabinet review.

NEW BUSINESS

2. Issues with payment related to ADH centers (Mariosa, etc) - proposal letter sent from Jim Hisle regarding HH during pandemic - thoughts from the Cabinet on this group as they received almost no service since shut down.
3. Issues with Anthem and AIM - Eval code billed with 97530 still not being paid after NCCI edit corrected in April; denying 97533 and 97535 due to undoing the modifier (using company called Cotiviti). Basically these edits are reversing the 59 modifier on any code sets. For Anthem Medicaid, they are denying 97533 and 97535 all the time, not just when billed with 97530.
4. Any discussion from the Cabinet on the new contracts? Since provider credentialing has been an issue in the past, are there plans to facilitate this moving forward?

Recommendations to the MAC

Adjourn

1 MS. HUGHES: Any guests are not
2 actually required to identify themselves unless they
3 are speaking. If they speak, they need to identify
4 themselves.

5 DR. ENNIS: We do have all six
6 TAC members here - Kresta Wilson, Dale Lynn, Renea
7 Sageser, Linda Derossett and Emily Sacca and myself,
8 Beth Ennis.

9 Sharley, I did not get the May
10 minutes. I know you and I have been having some
11 email issues.

12 MS. HUGHES: I'll try to resend
13 them again.

14 DR. ENNIS: Okay. And I'll send
15 them out to the group for review. We'll just do a
16 double approval at our November meeting.

17 The one piece of Old Business
18 that was still on the agenda from last time was just
19 a clarification. We had gotten a tentative approval
20 from the Cabinet, from Stephanie for a pilot program
21 of physical therapy in the addiction recovery centers
22 working with the folks in those centers on pain
23 reduction and had gotten some approval for PT to be
24 billed separately from the daily rate since it's not
25 normally included in that daily rate and it's real

1 hard for those centers to add that kind of service on
2 top of what they're already doing with the limited
3 amount of money that they're getting.

4 And we got an approval to do
5 that, but the question came up if the PT has to bill
6 that themselves as an independent provider or if the
7 ARC could bill that on top of their daily rate and
8 pay the PT as a separate employer or contractor.

9 And, so, we had asked last time
10 for some clarification on that. Stephanie, have you
11 had a chance to look at that?

12 MS. BATES: Lee, correct me if
13 I'm wrong but I believe that the therapist would have
14 to bill independently.

15 MS. GUICE: That's correct. The
16 ARC doesn't have the appropriate licensure, etcetera,
17 group. Like, under the regulations, they can't
18 provide (inaudible). So, they can't bill it.

19 DR. ENNIS: It's not a provider
20 type under that.

21 MS. GUICE: Right.

22 DR. ENNIS: The challenge is
23 that for a PT to do that individually, they have to
24 go through all kinds of incorporation and craziness.
25 They understand that they have to be a Medicaid-

1 approved provider. So, we're just trying to sort
2 through that, but that's the answer that I needed to
3 get to be able to give them a response. So, I
4 appreciate that.

5 MS. BATES: Beth, the problem is
6 that that particular provider type just cannot bill
7 for therapy. And, so, it's a matter of licensure and
8 all of that. So, if it's going to happen, it will
9 have to happen independently.

10 DR. ENNIS: Gotcha. Okay. I
11 will pass that on.

12 So, New Business. With the
13 last agenda, I sent a letter from a provider in the
14 area who does a lot of work for the adult day health
15 centers which are now starting to reopen, but they
16 were completely shut down during this and had real
17 challenges with that particular patient population
18 with telehealth.

19 And we're trying to figure out
20 some home health possibility but we're struggling
21 with the reimbursement for home health and how they
22 were going to manage that.

23 So, I was wondering if the
24 Cabinet had any kind of response to the letter that
25 we had sent.

1 MS. BATES: Sorry. Where did
2 the letter go?

3 DR. ENNIS: I emailed it just
4 before the last meeting and I think I emailed it to
5 you and Sharley. I can pull it out and find out who
6 else I sent it to.

7 MS. BATES: Sorry. I may have
8 just honestly missed it. We only have a couple of
9 things going on right now.

10 DR. ENNIS: Just a few. I get
11 it.

12 MS. BATES: If you will find
13 that and re-forward it, we will look at it today.
14 I'm sorry.

15 DR. ENNIS: Okay. It was back
16 in May that it was sent. Okay.

17 Next under New Business, we
18 have had some issues come up with Anthem and AIM.
19 AIM is their third-party administrator. There was
20 apparently an NCCI edit that was corrected in April
21 but they are still denying things through yet another
22 company, taking a modifier off and denying payment.

23 AIM is back to authorizing six
24 visits and then two visits and then two visits and
25 then two visits, making it a real administrative

1 burden on a lot of practices to try and keep patients
2 moving forward.

3 We are actually meeting with
4 the Department of Insurance, the PT - oh, gosh, word-
5 finding, you guys - I haven't finished my coffee yet
6 this morning. The Payment Policy Committee - there
7 we go - is actually meeting with DOI this week
8 regarding this issue but we have had folks from
9 across therapies - it's not just a PT issue - we've
10 seen it with OT as well. And, Kresta, I don't know
11 if you guys have seen anything with speech also, or,
12 Renea, I know you guys have speech in your practices.
13 Same thing?

14 MS. WILSON: Yes, same thing.
15 It's been a nightmare.

16 DR. ENNIS: So, again, we have
17 said from the beginning that them putting - and
18 they've said they're not going to use AIM for
19 Medicaid and I don't know if they are or not but they
20 are inserting this other group that's causing a whole
21 lot of billing issues.

22 MS. SAGESER: In our Indiana
23 office, they're using the AIM in Medicaid. So,
24 sometimes if it trickles in one state, they like to
25 come over to the other states and do that. It's a

1 nightmare.

2 MS. BATES: Angie, that's
3 something you will have to look at to see what we
4 approved. Angie, are you on?

5 MS. PARKER: Yes, ma'am.

6 DR. ENNIS: One of the things
7 that we're going to be talking to DOI about from the
8 PT side is that this is a significant hardship and
9 what we would consider a material change and did not
10 come in an orange envelope. And, so, that may be the
11 avenue that we have to go to fight this, but it has
12 become very problematic, not just in Medicaid but all
13 components of Anthem.

14 MS. PARKER: Have you sent this
15 over to us, this issue?

16 DR. ENNIS: Yes.

17 MS. PARKER: Through the
18 complaint process?

19 DR. ENNIS: Yes.

20 MS. PARKER: Okay.

21 DR. ENNIS: The providers have
22 gone through extensive work on the complaint process.
23 Give me a second. It's telling me I'm unstable. Am
24 I back?

25 MS. PARKER: I can hear you.

1 DR. ENNIS: My Internet told me
2 I was unstable. It's always good when your Internet
3 tells you that.

4 I had not heard of any other
5 provider issues. My TAC members, have you had any
6 issues with any of the others?

7 MS. PARKER: Did this complaint
8 come from a specific provider?

9 DR. ENNIS: It came from
10 multiple providers.

11 MS. PARKER: Okay. I'll see
12 what I can find out.

13 DR. ENNIS: Okay. I appreciate
14 it, Angela. Thank you.

15 And this one has evolved since
16 I wrote the agenda because I know that Passport is in
17 the process of being acquired by Molina.

18 MS. HUGHES: Beth, if it's not
19 on the agenda, you can't discuss it.

20 DR. ENNIS: No, but it rolls
21 into the new contract issue.

22 MS. HUGHES: Okay.

23 DR. ENNIS: This has evolved
24 since Passport probably won't be as big an issue
25 because Molina is acquiring them and will probably

1 end up taking those contracts.

2 I guess the only question would
3 be what are we looking at to facilitate credentialing
4 moving forward with the two new MCOs?

5 MS. BATES: So, number one,
6 we're still under an active protest with the MCO
7 contracts. So, we can't talk a whole lot about that.

8 As far as new MCOs, any new
9 MCOs coming on, it would be just like it is today
10 with credentialing but it would be with them because
11 we do not have a single CVO set up yet. It was
12 literally just awarded. So, there's no way to have
13 it set up and running, or, no, it wasn't awarded.
14 I'm thinking of a different - or was it? I don't
15 even know.

16 Anyway, it's obviously going to
17 be set up. So, the credentialing will look today,
18 you know, as it is today with the other MCOs.

19 DR. ENNIS: Okay.

20 MS. BATES: And I would suggest
21 providers get enrolled with the two new MCOs as soon
22 as possible just to get that ball rolling.

23 DR. ENNIS: But it should flow
24 from the enrollment with Medicaid similarly, yes, to
25 do the online----

1 MS. BATES: It's no different
2 than today. So, if someone isn't enrolled with - I
3 don't know. If a provider is a Medicaid-enrolled
4 provider, like, for fee-for-service and is enrolled
5 with Aetna and Anthem but not with Humana, Passport
6 or WellCare, then, if they wanted to become
7 contracted with those last three, they would do
8 exactly as if they were today. It's the same as with
9 United and Molina. It's no different.

10 DR. ENNIS: Have any of my TAC
11 folks heard of anyone trying with Molina or United?
12 How is that going?

13 MS. SAGESER: Well, Molina has
14 been a little more difficult than I was hoping for
15 but we're in the process. So, we're trying to set up
16 a meeting next week.

17 And, then, I didn't know if you
18 had a contact for United, Stephanie.

19 MS. BATES: I do. Will you send
20 me an email and I'll connect you?

21 MS. SAGESER: Thank you.

22 MS. WILSON: Renea, do you care
23 to share that contact when you get it?

24 MS. SAGESER: Okay. I have some
25 providers, other speech therapists were asking for

1 different contacts, too. So, I can share that on the
2 Kentucky Speech and Hearing website.

3 MS. WILSON: Thank you.

4 DR. ENNIS: Okay. Since we're
5 not allowed to add anything else to the agenda----

6 MS. BATES: Beth, just so you
7 know, what I would normally do in this situation is
8 post the contacts from the two new MCOs on our
9 website; but while we're under protest, I just can't
10 do it but we're happy to connect you with who we know
11 and go from there, but we're just doing business as
12 usual as is today.

13 DR. ENNIS: And if you wouldn't
14 mind copying me on that email and, Dale, I'll send it
15 through KOTA as well so that the organizations have
16 them to share if they need to since we are not
17 allowed to post them.

18 MS. SAGESER: Can we post it on
19 the Kentucky Speech if we get information? Is that
20 okay to do? I don't want to do something we're not
21 supposed to do.

22 MS. BATES: I can't speak to
23 your website. I can only speak to what I do.

24 MS. SAGESER: Okay.

25 DR. ENNIS: Renea, I think since

1 we're not in any kind of active process with that,
2 we're just posting information. So, I think you're
3 allowed to do that. I wouldn't say where we got it.

4 MS. HUGHES: And, Beth, I did go
5 back and look and I had sent the May minutes and I
6 re-sent them again this morning. So, if you didn't
7 get it, then, we may be having more issues with
8 emails.

9 DR. ENNIS: All right. Let me
10 look at my inbox here. There we go. Okay. I just
11 got them now, Sharley. So, I appreciate that.

12 MS. HUGHES: I'm not asking you
13 all to vote on them now. I just wanted to make sure
14 you got it because, if not, then, we're probably
15 having more email issues.

16 DR. ENNIS: Yeah. I know. I
17 get it completely. Guys, I'm going to forward these
18 to you now.

19 MS. HUGHES: I sent them to
20 everybody.

21 DR. ENNIS: Everybody? Okay.
22 Can you just check your email real quick? There's a
23 PDF that is the transcript but there's a Word
24 document that's the minutes and just take a real
25 quick look.

1 And, Sharley, I think we
2 approved the other 2020 minutes. The January one I
3 think we approved in May.

4 MS. HUGHES: I think so.

5 DR. ENNIS: So, I think that one
6 can get posted to the website. We also need to put
7 Emily Sacca in place of Charlie Workman on the
8 website.

9 MS. HUGHES: Okay.

10 MS. SACCA: Beth, can you
11 forward me that email? I'm not able to find it.

12 DR. ENNIS: I will do that right
13 now. I sent it to your Baptist.

14 MS. SACCA: Thank you.

15 MS. WILSON: Beth, before we get
16 off the call, I have a PT question if you don't care.

17 DR. ENNIS: I don't care, or you
18 and I can meet on my line separately.

19 MS. WILSON: That will be
20 awesome. Thank you.

21 DR. ENNIS: No worries. No
22 worries.

23 MS. SAGESER: I have one more
24 question, and I don't know if it's something that we
25 need to move to the next month's agenda or if I bring

1 it up here, but one of the things was the telehealth,
2 once the COVID is over, is there anything that the
3 TAC committee needs to be working on with the State
4 to assure that some of these guidelines that are in
5 place are carried over?

6 I don't know if there's
7 anything we need to do or put it on next----

8 DR. ENNIS: We can put it on
9 next, but speaking outside of this body, the
10 telehealth law in Kentucky applies to Medicaid, but
11 if it's covered face-to-face, it's covered by a
12 telehealth. So, there should not be a change in what
13 other----

14 MS. SAGESER: There's not, but
15 on different licensure boards and, like I said, it
16 may not be more of a TAC that we need to - I didn't
17 know if that was something the TAC needed to address
18 or if that's something we need to meet with the
19 licensure boards.

20 DR. ENNIS: If your specific
21 licensure board does not have in your practice act
22 that telehealth is a component of what you do, then,
23 you need to change that through the board.

24 MS. SAGESER: They have it in
25 there. It's the evaluation piece.

1 DR. ENNIS: Yeah. Then, that's
2 a board issue. PT is pretty wide open and it's a mode
3 of delivery.

4 MS. SAGESER: Well, I will say
5 to Commissioner Bates here, Kentucky was in the
6 forefront with the telehealth and we're one of the
7 lucky states that I think was prepared for that. So,
8 kudos to you guys.

9 DR. ENNIS: Any changes to the
10 minutes, folks?

11 MR. LYNN: I'll second that.

12 DR. ENNIS: No changes to the
13 minutes from May? Motion to approve.

14 MS. LYNN: Aye.

15 MS. SAGESER: Second.

16 DR. ENNIS: I've got a motion
17 from Dale, a second from Renea. So, we will go ahead
18 and post these minutes from May. Thank you, Sharley,
19 for sending them again. I appreciate it.

20 MS. HUGHES: No problem.

21 DR. ENNIS: And, Sharley, I
22 think what I'm going to do because I think the
23 problem is my business email, so, I think I'm going
24 to have you guys switch to my gmail. It just seems
25 to be more reliable. It's the one you just sent them

1 to.

2 MS. HUGHES: Okay.

3 DR. ENNIS: That email address
4 is ptforkids47@gmail.com.

5 MS. HUGHES: Okay.

6 DR. ENNIS: The allaboutfamilies
7 is doing wonky stuff and I've got change providers
8 because something funky is going on.

9 MS. HUGHES: Okay.

10 DR. ENNIS: So, I'll try to
11 stick to that one exclusively as well.

12 All right, gang. I'll pull my
13 calendar up. I think we have a meeting scheduled -
14 it's not on my calendar. Sharley, was it----

15 MS. HUGHES: It should be in
16 September. I'm pulling up the website now to get you
17 the date.

18 DR. ENNIS: Thank you. Here's
19 the TAC page. September 10th is our next scheduled
20 meeting.

21 MS. HUGHES: The website says
22 the 15th.

23 DR. ENNIS: The 15th. There it
24 is. Yes. September 10th was 2019. So, September
25 15th. We will see what land we're living in at that

1 point. I'm going to go ahead and assume online
2 unless we hear otherwise.

3 MS. HUGHES: We've talked and
4 it's probably going to be at least through the end of
5 the year that we'll be doing via Zoom. We don't a
6 meeting space that will allow six feet apart for
7 everybody.

8 DR. ENNIS: No. I get it. And,
9 then, if you have other folks that show up and you
10 need the extra space.

11 On that note, guys, please talk
12 to constituents ahead of time so that we can get
13 anything on the agenda that we need to to discuss at
14 that meeting because with the special-called
15 meetings, we can't add anything to agendas. So,
16 there's no public comment or additional items that
17 can be added to the agenda.

18 So, I'll try to remember to
19 send out an email a couple of weeks ahead of time
20 just to say please gather so that I can get the
21 agenda to Sharley about ten days ahead and we'll go
22 from there.

23 MS. WILSON: Since I'm new to
24 the committee, Beth, who does that go to? How does
25 that work?

1 DR. ENNIS: Send them to me and
2 I put the agenda together and send it to Sharley.

3 MS. WILSON: How much ahead of
4 time do you need it?

5 DR. ENNIS: At least two weeks,
6 but if items come up in the meantime, just send them
7 to me. I kind of keep a list, and if it's something
8 that's a little more urgent that we need to send up
9 the chain, then, I send it up to Sharley and
10 Stephanie and see what we can find out in the
11 meantime.

12 And, Stephanie, I'll go ahead
13 and re-forward that letter.

14 MS. BATES: We found it. We're
15 good.

16 DR. ENNIS: Okay, guys. Thank
17 you. Appreciate it. See you in September. Are they
18 ever going to do MAC meeting virtually or are they
19 just going to stay cancelled for the rest of the
20 year?

21 MS. HUGHES: That's up to the
22 MAC Chair, and so far they've not requested a special
23 meeting.

24 DR. ENNIS: Thank you.

25 MEETING ADJOURNED